



2

CLAIMS ONLY							Application Number <i>1625778</i>		Filing Date	
							Applicant(s)			
* May be used for additional claims or amendments										
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
101		/								
102		/								
103		/								
104		/								
105		/								
106		/								
107		/								
108		/								
109		/								
110		/								
111		/								
112		/								
113		/								
114		/								
115	/	/								
116		/								
117		/								
118		/								
119		/								
120		/								
121		/								
122		/								
123		/								
124		/								
125		/								
126		/								
127		/								
128		/								
129		/								
130		/								
131		/								
132		/								
133		/								
134		/								
135		/								
136		/								
137		/								
138		/								
139		/								
140		/								
141	/	/								
142		/								
143		/								
144		/								
145		/								
146		/								
147		/								
148		/								
149		/								
150		/								
151		/								
152		/								
153		/								
154		/								
155										
156										
157										
158										
159										
160										
161										
162										
163										
164										
165										
166										
167										
168										
169										
170										
171										
172										
173										
174										
175										
176										
177										
178										
179										
180										
181										
182										
183										
184										
185										
186										
187										
188										
189										
190										
191										
192										
193										
194										
195										
196										
197										
198										
199										
200										
Total										
Indep										
Depend										
Total										
Claims										